Case 24-11310-amc Doc 22 Filed 05/16/24 Entered 05/16/24 00:12:52 Desc Main Document Page 1 of 2

Fill in this information to identify your case:						
Debtor 1 Angelique Jones						
First Name	Middle Name L	ast Name		_		
Debtor 2 (Spouse, if filing) First Name	Middle Name L	ast Name		_		
United States Bankruptcy Court for the: I	Eastern District of Pennsylva	nia				
Case number 24-11310-amc				Check if t	his is:	
(If known)		☐ An amended filing				
					plement showing postpetition	chapter 13
				incom	e as of the following date:	
Official Form 106l					DD / YYYY	
Schedule I: You	ır Income					12/15
Be as complete and accurate as po supplying correct information. If you figure separated and your spous separate sheet to this form. On the Part 1: Describe Employm	ou are married and not filing se is not filing with you, do top of any additional page	g jointly, and you not include info	r spo rmat	ouse is living with y ion about your spo	ou, include information about use. If more space is needed, a	your spouse. attach a
1 3						
Fill in your employment information.					Debtor 2 or non-filing spouse	
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☐ Not employed	d		☐ Employed ☐ Not employed	
Include part-time, seasonal, or self-employed work.						
Occupation may include student or homemaker, if it applies.	Occupation					
	Employer's name					
	Employer's address					
Employer s address		Number Street			Number Street	
		City	State	e ZIP Code	City State 2	ZIP Code
	How long employed there	?				
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of	the date you file this form.	If you have nothin	g to r	report for any line. w	rite \$0 in the space. Include vour	non-filina
spouse unless you are separated. If you or your non-filing spouse ha	ive more than one employer,	combine the infor	•	,		3
below. If you need more space, at	tach a separate sheet to this	form.				
				For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.				\$	\$	
3. Estimate and list monthly overtime pay.			3.	+\$	+ \$	
4. Calculate gross income. Add lin		4.	\$	\$		

Official Form 106l Schedule I: Your Income page 1

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Angelique Jones Debtor 1

First Name Middle Name Last Name Case number (if known) 24-11310-amc

		For Debtor 1	For Debtor 2 or non-filing spouse					
Copy line 4 here		\$	\$					
5. List all payroll deductions:								
5a. Tax, Medicare, and Social Security deductions	5a.	\$	\$					
5b. Mandatory contributions for retirement plans	5b.	\$	\$					
5c. Voluntary contributions for retirement plans		\$	\$					
5d. Required repayments of retirement fund loans		\$	\$					
5e. Insurance		\$	\$					
5f. Domestic support obligations		\$	\$					
5g. Union dues	5g.	\$	\$					
5h. Other deductions. Specify:	_	+\$	+ \$					
6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.		\$	\$					
	7.	\$	\$					
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	Φ	Φ					
8. List all other income regularly received:8a. Net income from rental property and from operating a business,								
profession, or farm								
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$1,000.00	\$					
8b. Interest and dividends		\$	\$					
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent							
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$					
8d. Unemployment compensation	8d.	\$2,420.00	\$					
8e. Social Security	8e.	\$	\$					
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	nce							
Specify:	8f.	\$510.00	\$					
8g. Pension or retirement income	8g.	\$	\$					
8h. Other monthly income. Specify: landscaping work	8h.	+\$300.00	+\$					
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ 4,230.00	\$					
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$4,230.00	+ _ \$=	\$				
11. State all other regular contributions to the expenses that you list in Scheo	dule .	<i>l</i> .						
Include contributions from an unmarried partner, members of your household, y friends or relatives.								
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.								
Specify: 11. + \$								
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S			•	\$4,230.00				
13. Do you expect an increase or decrease within the year after you file this form? No								
Yes. Explain: Increase upon employment expected within a month								

Print